

[illegible]

B.Pharm (Practice)

			Diploma				B.Pharm Practice				Pharmacy practice experience in a community pharmacist * ¹	Pharmacy practice experience in a hospital pharmacist * ¹	No Objection Certificate * ²
D.Pharm	✓	✓	I year	II year	Practical Training Form	Diploma Certificate	I year	II year	Provisional Certificate	Degree Certificate			
B.Pharm Practice	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓

*1. A certificate from competent authority stating that the candidate is endorsed as registered pharmacist in the drug license of a pharmacy as proof of practice experience in case of community pharmacist **(as submitted to the college during admission). OR**

*2. Copy of the 'No Objection Certificate' from the employer (submitted to college at the time of admission)

Practical Training Form / Certificate (upload along with Certificate)

Sl.No.	Course	Particulars
a.	D.Pharm – Training in Medical Stores / Hospital Appendix-E along with licence forms 20, 21, 21C and Registered Pharmacist E-Certificate Note: Renewal status of the apprentice master / pharmacist must be current.	Section-I to V (All the sections must be filled, and the dates must be in chronological order only) I - College Principal seal, signature, name of the principal with date. II – Student signature with date. III – Medical stores / hospital seal, signature, date and name of the registered pharmacist with KSPC Reg.No. IV – Undergone training for (hrs) from to with date and Medical stores / hospital seal, signature, date and name of the registered pharmacist with KSPC Reg.No V - College Principal seal, signature, name of the principal with date.
b.	B.Pharm - Training in Industry / Hospital Trained in Hospital under pharmacist - Appendix-E along with license forms 20, 21, 21C and Registered Pharmacist E-Certificate Note: Renewal status of the apprentice master / pharmacist must be current.	Student name, Course, College name, number of hours training undergone in Industry from ... to ...(period) on a Company letterhead with seal and signature by the HR Manager/Head of the Industry and countersigned by the Principal with seal, signature and date. Student name, Course, College name, number of hours training undergone in Hospital, from ... to ...(period) on a Hospital letterhead with seal and signature you undergone under a Pharmacist and Director / Superintendent from the hospital and countersigned by the Principal with seal, signature and date.
c.	Pharm D / Pharm D (Post Baccalaureate) – Internship – Training in Hospital For format refer Sl.No.6(c)	1) A certificate of satisfactory completion of training on a hospital letterhead with seal and signature from the Director/ Superintendent of the hospital which shall be countersigned by the Principal or Dean of the Pharmacy College you studied. 2) Logbook with attendance of each department with seal and signature of the HOD.

Note: Any corrections made should be countersigned by the respective authority.

5. Other documents to upload

Sl.No	Particulars	Details
a.	KSPC original Registration Certificate	Scan and upload original KSPC Registration Certificate
b.	PCI approval letter (all the sheets)	PCI approval letter for the year of admission (YOA) + previous year + next year along with approved college list.
c.	Student Study Certificate Letter from College (original)	Click here to download the format of the certificate https://bit.ly/3u7JMJa (College Principal seal, signature, registration no, name of the principal with date and mobile number is mandatory.)
d.	Pharm D / Pharm D (Post Baccalaureate) – Internship Certificate with logbook	Click here to download the format of Pharm D Internship Certificate with logbook https://bit.ly/3KPSAKv
e.	Affidavit – Pharmacy Ethics (all the sheets) on Karnataka Stamp Paper only	On Rs.20/- Non-Judicial Bond Paper (not less than 15 working days from the date of Notarization) attested by Notary as per format. Click here to download https://bit.ly/3N8CptU

f.	Photo	Scan and upload the recent passport size colour photo which white background only (jpg, jpeg, png). (Note: Profile photo will be rejected.)
g.	Signature	Sign, Scan and upload your signature in BLACK ink only on white background. (jpg, jpeg, png).
h.	Aadhar Card	Upload Original card issued by Government of India.

Note:

1. Applications should be submitted by post / courier only.
2. Original Certificates submitted by the pharmacist will be returned along with the Council Certificates & Id card.
2. The Certificate issued by the Karnataka State Pharmacy Council will expire on 31st December of the subsequent year of date of registration.
3. Retention of Name in the register - Renew every year before 31st of March as per Sec.34 of the Pharmacy Act, 1948.
4. The council is nowhere responsible for any wrong information provided by the Candidate and deviations from the original certificates. Please ensure proper filling of the application before submission.